

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049976

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12457

STATE FILE NUMBER

FILED DEC 27 1963

## 1. PLACE OF DEATH

### a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY

c. CITY OR TOWN **St. Louis**

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Edgewater Nurs. Home**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

**2330 Olive St. (63103)**

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First **Pauline**

Middle

Last **Smith**

4. DATE OF DEATH

Month **December** Day **13** Year **1963**

5. SEX **F.**

6. COLOR OR RACE **white**

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH **4/1/90**

9. AGE (last birthday) **73**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**housewife**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) **Missouri**

12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME

**Unknown**

13b. MOTHER'S MAIDEN NAME

**Unknown**

14. NAME OF HUSBAND OR WIFE

**Charles Smith**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

**no**

16. SOCIAL SECURITY NO.

17. INFORMANT

**Mike Barkley, 2330 Olive St. (63103)**

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Bronchial Pneumonia**

INTERVAL BETWEEN ONSET AND DEATH

**2 days**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

**491x**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**Generalized Arteriosclerosis**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Jan 11, 1962** to **Dec 13, 1963** and last saw her alive on **Jan 13, 1963**  
Death occurred at **10:40 P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

**Robert D. Sanders, M.D.**

22b. ADDRESS

**5500 E Broadway**

22c. DATE SIGNED

**12-14-63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**removal**

23b. DATE

**12/17/63**

23c. NAME OF CEMETERY OR CREMATORY

**Jefferson Bks Natl. Cemetery**

23d. LOCATION (City, town, or county)

**St. Louis, County Mo**

24. FUNERAL DIRECTOR

ADDRESS

**Buchholz Mortuary, 5967 W. Florissant Ave.**

25. DATE RECD. BY LOCAL REG.

**DEC 17 1963**

26. REGISTRAR'S SIGNATURE

**Paul Smith, M.D.**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

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DATE AMENDED

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Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wilfred J. Beckholz  
Licensed Embalmer No. 4551

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.